

|    |  |  |  |                                     |                                     |  |                                |
|----|--|--|--|-------------------------------------|-------------------------------------|--|--------------------------------|
| 0  | Inspection Report Type   | <input type="checkbox"/> Tank Qualification  | <input type="checkbox"/> SS Inspection | <input type="checkbox"/> Alteration | <input type="checkbox"/> Conversion | <input type="checkbox"/> Welded Repair | <input type="checkbox"/> Other |
| 1  | Car Mark   |  |  |                                     |                                     |  |                                |
| 2  | Car Number   |  |  |                                     |                                     |  |                                |
| 3  | Station Stencil  |  |  |                                     |                                     |  |                                |
| 4  | Stencil Class  |  |  |                                     |                                     |  |                                |
| 5  | Shop Location (Town)   |  |  |                                     |                                     |  |                                |
| 6  | State or Province  |  |  |                                     |                                     |  |                                |
| 7  | Built Date (YYYY/MM/DD)  |  |  |                                     |                                     |  |                                |
| 8  | Date of Work and/or Inspection (YYYY/MM/DD)                            |  |  |                                     |                                     |  |                                |
| 9  | Car Jacketed   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |                                     |                                     |  |                                |
| 10 | Reserved (design specific)   |  |  |                                     |                                     |  |                                |
| 11 | Reserved (design specific)   |  |  |                                     |                                     |  |                                |
| 12 | Original AAR Certificate of Construction Number                        |  |  |                                     |                                     |  |                                |
| 13 | Builder  |  |  |                                     |                                     |  |                                |
| 14 | Stub Sill Design Style (as inspected)                                  |  |  |                                     |                                     |  |                                |
| 15 | Stub Sill Design Variation   | <input type="checkbox"/> Continuous<br><input type="checkbox"/> Non-continuous<br><input type="checkbox"/> N/A |  |                                     |                                     |  |                                |
| 16 | Total miles in thousands of miles (actual cumulative mileage required) |  |  |                                     |                                     |  |                                |
| 17 | Construction Car Spec.   |  |  |                                     |                                     |  |                                |
| 18 | Car Specification after Modification                                   |  |  |                                     |                                     |  |                                |
| 19 | Nature of Damage   | <input type="checkbox"/> Accident<br><input type="checkbox"/> Non-Accident<br><input type="checkbox"/> N/A     |  |                                     |                                     |  |                                |
| 20 | Railroad Responsibility  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |                                     |                                     |  |                                |
| 21 | Stub Sill Deformation  | <input type="checkbox"/> A End <input type="checkbox"/> B End  |  |                                     |                                     |  |                                |
| 22 | Year of Last Tank Qualification  |  |  |                                     |                                     |  |                                |
| 23 | Tank Containment Failure   | <input type="checkbox"/> Check if Yes  |  |                                     |                                     |  |                                |
| 24 | No. of Compartments  |  |  |                                     |                                     |  |                                |

**Alterations or Conversions**

|    | Compartment Number           | Change Category | New Drawing / Part / Document / Commodity ID | Approval Reference |
|----|------------------------------|-----------------|--|--------------------|
| 25 |                              |                 |  |                    |
|    |                              |                 |  |                    |
|    |                              |                 |  |                    |
|    |                              |                 |  |                    |
|    | Enter drawing comments here: |                 |  |                    |

**Attachment Weld Inspection Results (See Templates and Code Tables)**

| Inspection Results | Compartment | Weld Code | Location | Inspection Technique | Num Cracks | Max Crack Length | Crack Orientation Code | How Repaired |
|--------------------|-------------|-----------|----------|----------------------|------------|------------------|------------------------|--------------|
|                    |             |           |          |                      |            |                  |                        |              |
|                    |             |           |          |                      |            |                  |                        |              |
|                    |             |           |          |                      |            |                  |                        |              |
|                    |             |           |          |                      |            |                  |                        |              |
|                    |             |           |          |                      |            |                  |                        |              |
|                    |             |           |          |                      |            |                  |                        |              |
|                    |             |           |          |                      |            |                  |                        |              |
|                    |             |           |          |                      |            |                  |                        |              |
|                    |             |           |          |                      |            |                  |                        |              |
|                    |             |           |          |                      |            |                  |                        |              |



**Shell/Sill Inspection Results (See Code Tables)**

| Inspection Results | Failed Component | Compartment | Failure Type | Failure Cause | How Repaired | Crack / Defect Length/ Area | Repair Location | Inspection Technique |
|--------------------|------------------|-------------|--------------|---------------|--------------|-----------------------------|-----------------|----------------------|
|                    |                  |             |              |               |              |                             |                 |                      |
|                    |                  |             |              |               |              |                             |                 |                      |
|                    |                  |             |              |               |              |                             |                 |                      |
|                    |                  |             |              |               |              |                             |                 |                      |
|                    |                  |             |              |               |              |                             |                 |                      |
|                    |                  |             |              |               |              |                             |                 |                      |
|                    |                  |             |              |               |              |                             |                 |                      |
|                    |                  |             |              |               |              |                             |                 |                      |
|                    |                  |             |              |               |              |                             |                 |                      |
|                    |                  |             |              |               |              |                             |                 |                      |

I certify that the work on the cars above conform to the federal regulations issued by the Department of Transportation, the Association of American Railroads Interchange (“AAR”) Rules, the AAR Manual of Standards and Recommended Practices, and to each mentioned AAR approval.

|                                    |  |
|------------------------------------|--|
| Name of Management Representative: |  |
| Submitted by (name and company):   |  |